

ORIGINAL

FILED IN CLERK'S OFFICE

JAN 16 2004

LUTHER D. THOMAS, Clerk
By: *[Signature]* Deputy Clerk

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

EDWIN BOATRIGHT, IDELL E. :
BOATRIGHT, DENA NICHOLS, :
KATHERINA COURSEY, ANDREA :
BANDERAS, BETTY J. BOWLING, :

Plaintiffs, :

v. :

CIVIL ACTION
FILE NO. 03 CV 3794 (TWT)

R. J. CORMAN RAILROAD COMPANY, :
LLC/MATERIALS SALES, R. J. :
CORMAN RAILROAD COMPANY, LLC, :
R.J. CORMAN DERAILMENT SERVICES, :
LLC, R.J. CORMAN, R.J. CORMAN :
DISTRIBUTION CENTERS, LLC, :
R.J. CORMAN RAILROAD GROUP, LLC, :
R.J. CORMAN DERAILMENT SERVICES :
FREIGHT TRANSFER DIVISION, :
R.J. CORMAN DISTRIBUTION :
CENTERS, LLC, R.J. CORMAN :
RAILROAD CONSTRUCTION LLC, :
R.J. CORMAN EQUIPMENT COMPANY, :
R.J. CORMAN EQUIPMENT COMPANY, :
LLC, :

Defendants. :

DEFENDANTS' INITIAL DISCLOSURES

(1) If the defendant is improperly identified, state defendant's correct identification and state whether defendant will accept service of an amended summons and complaint reflecting the information furnished in this disclosure response.

The only proper defendant in this case is R. J. Corman Railroad Company/Material Sales because at the time of the accident referenced in the complaint, Chad McKinney was operating a truck within the scope of his employment with R. J. Corman Railroad Company/Material Sales. He was not an employee nor was he working on behalf of any of the other named defendants. R. J. Corman Railroad Company/Material Sales will acknowledge service of an Amended Complaint.

(2) Provide the names of any parties whom defendant contends are necessary parties to this action, but who have not been named by plaintiff. If defendant contends that there is a question of misjoinder of parties, provide the reasons for defendant's contention.

None.

(3) Provide a detailed factual basis for the defense or defenses and any counterclaims or crossclaims asserted by defendant in the responsive pleading.

Betty Jean Bowling was the sole proximate cause of the collision. Two eyewitnesses to the accident corroborate Chad McKinney's statement that the light for him was green when he entered the intersection.

(4) Describe in detail all statutes, codes, regulations, legal principles, standards and customs or usages, and

illustrative case law which defendant contends are applicable to this action.

Georgia law of negligence and damages.

(5) Provide the name and, if known, the address and telephone number of each individual likely to have discoverable information that you may use to support your claims or defenses, unless solely for impeachment, identifying the subjects of the information. (Attach witness list to Initial Disclosures as Attachment A.)

(6) Provide the name of any person who may be used at trial to present evidence under Rules 702, 703, or 705 of the Federal Rules of Evidence. For all experts described in Fed.R.Civ.P. 26(a)(2)(B), provide a separate written report satisfying the provisions of that rule. (Attach expert witness list and written reports to Initial Disclosures as Attachment B.)

At this time, the defendants have not identified an expert who is expected to testify at the trial. The defendants anticipate that they may call one or more of the plaintiff's health care providers as witnesses in this case.

(7) Provide a copy of, or description by category and location of, all documents, data compilations, and tangible things in your possession, custody, or control that you may use

to support your claims or defenses unless solely for impeachment, identifying the subject of the information. (Attach document list and descriptions to Initial Disclosures as Attachment C.)

(8) In the space provided below, provide a computation of any category of damages claimed by you. In addition, include a copy of, or describe by category and location of, the documents or other evidentiary material, not privileged or protected from disclosure on which such computation is based, including materials bearing on the nature and extent of injuries suffered, making such documents or evidentiary material available for inspection and copying under Fed.R.Civ.P. 34. (Attach any copies and descriptions to Initial Disclosures as Attachment D.)

Not applicable.


(9) If defendant contends that some other person or legal entity is, in whole or in part, liable to the plaintiff or defendant in this matter, state the full name, address and telephone number of such person or entity and describe in detail the basis of such liability.

The Defendants contend that the sole and proximate cause of the accident was the negligence of Betty Jean Bowling.

(10) Attach for inspection and copying as under Fed.R.Civ.P. 34 any insurance agreement under which any person

carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in this action or to indemnify or reimburse for payments to satisfy the judgment. (Attach copy of insurance agreement to Initial Disclosures as Attachment E.)

DENNIS, CORRY, PORTER & SMITH, L.L.P.

By: 
GRANT B. SMITH, ESQ.
For the Firm
Georgia Bar No. 658345
Attorney for Defendants

Piedmont Fourteen
3535 Piedmont Road, Suite 900
Atlanta, Georgia 30305
Telephone: (404) 365-0102
Facsimile: (404) 365-0134

THIS IS TO CERTIFY that, pursuant to LR 5.1B, NDGa., the above document was prepared in Courier New, 12 pt.


CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of the foregoing DEFENDANTS' INITIAL DISCLOSURES by depositing same in the United States Mail in a properly-addressed envelope with adequate postage thereon to:

Eric P. von Wiegen, Esq.
2024 Blackhorse Lane
Lexington, IY 40503

Kenneth J. Vanderhoff, Esq.
115 West Courthouse Square
Cumming, GA 30040

This 16th day of January, 2004.


GRANT B. SMITH

ATTACHMENT "A"

- 1) Chad E. McKinney, 111 Wilkinson Road (lot 8), Palatka, Florida, 23318 (386) 312-0380, eyewitness;
- 2) Darrell Smith, 205 N. Crawford Street, Waycross, Georgia, 31501 (912) 283-0557, eyewitness;
- 3) Susan Dowdy, Route 1, Box 4105, Wayneville, Georgia, 31566 (912) 778-3794, eyewitness;
- 4) Sergeant Robert H. Boyett, Waycross Police Department, Investigating police officer;
- 5) Elmore Robertson, eyewitness;
- 6) Idell Boatright, decedent's wife;
- 7) Lt. C.J. Tatum, Waycross Police Department, Investigating police officer;
- 8) Ware County EMS employees, damages, liability;
- 9) Mike's Body Shop employees, damages, liability;
- 10) Blalock's employees;
- 11) Satilla Regional Medical Center employees, damages;
- 12) Health care providers to the plaintiff, damages;
- 13) Employers of Plaintiff Betty Jean Bowling, liability, damages;
- 14) Employers of Plaintiff Boatright, liability, damages;
- 15) Employees of State Farm Insurance, liability, damages.

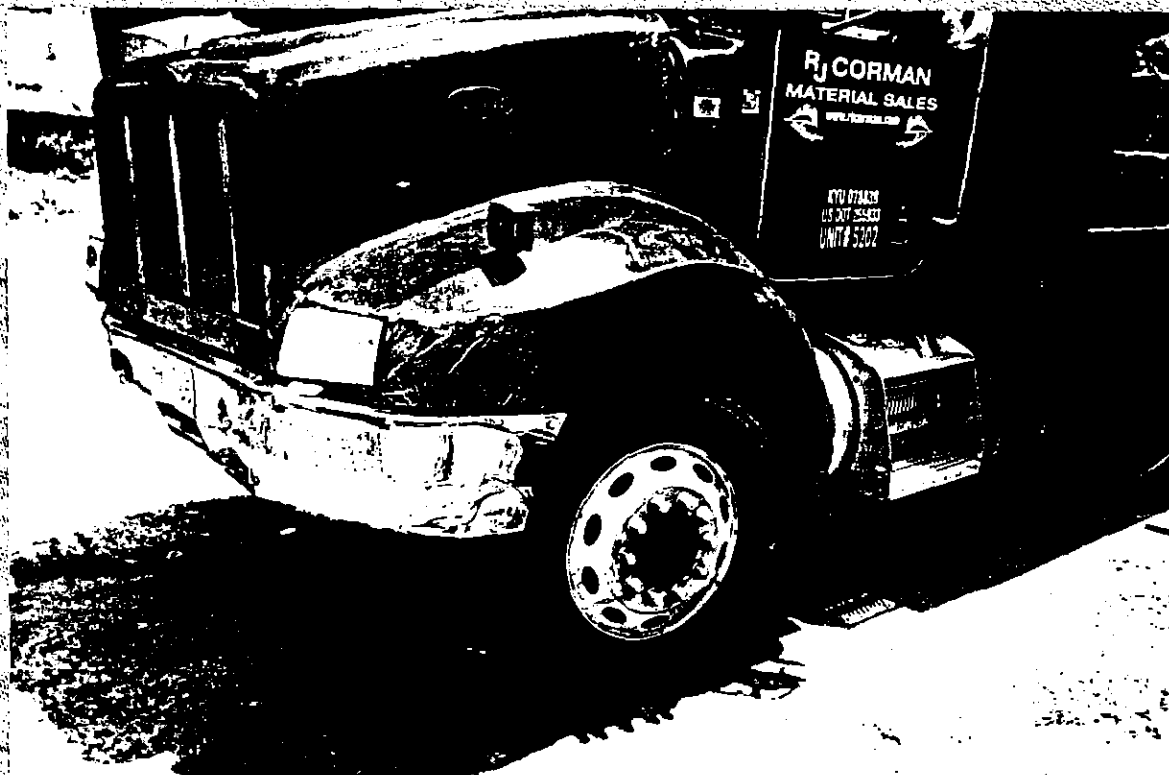
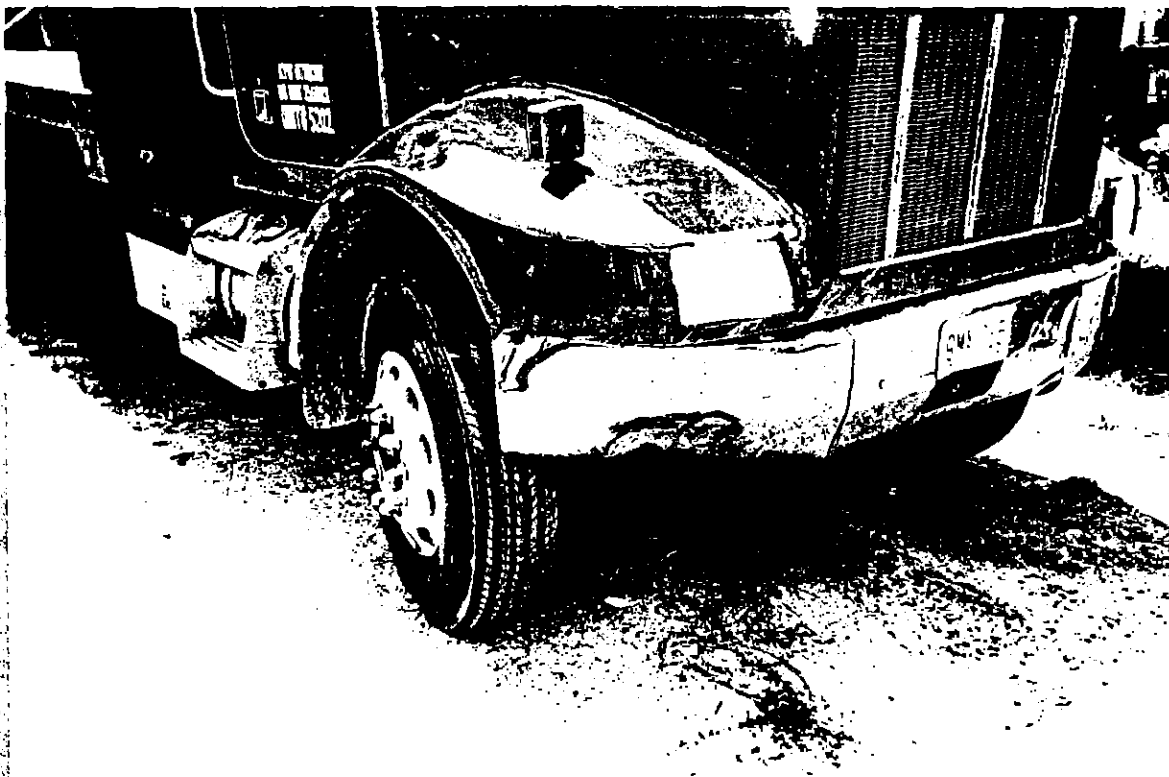
ATTACHMENT "B"

ATTACHMENT "C"

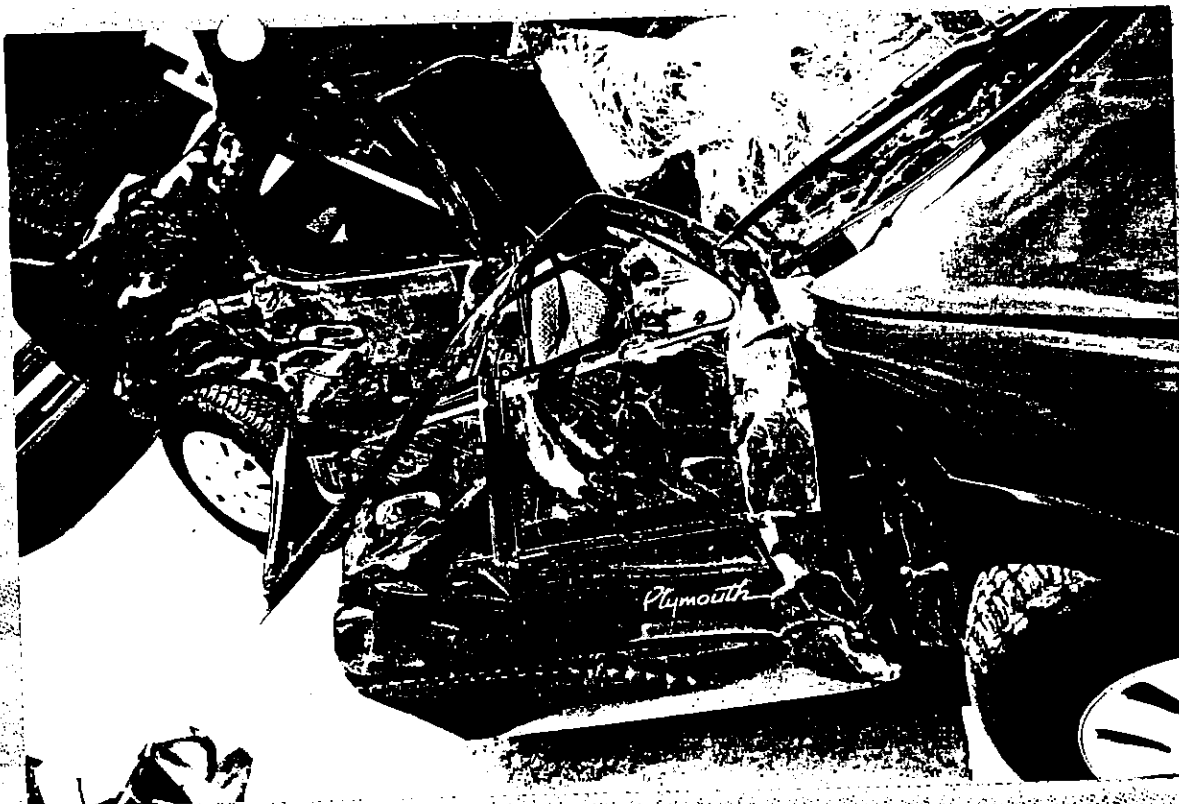
See documents attached.

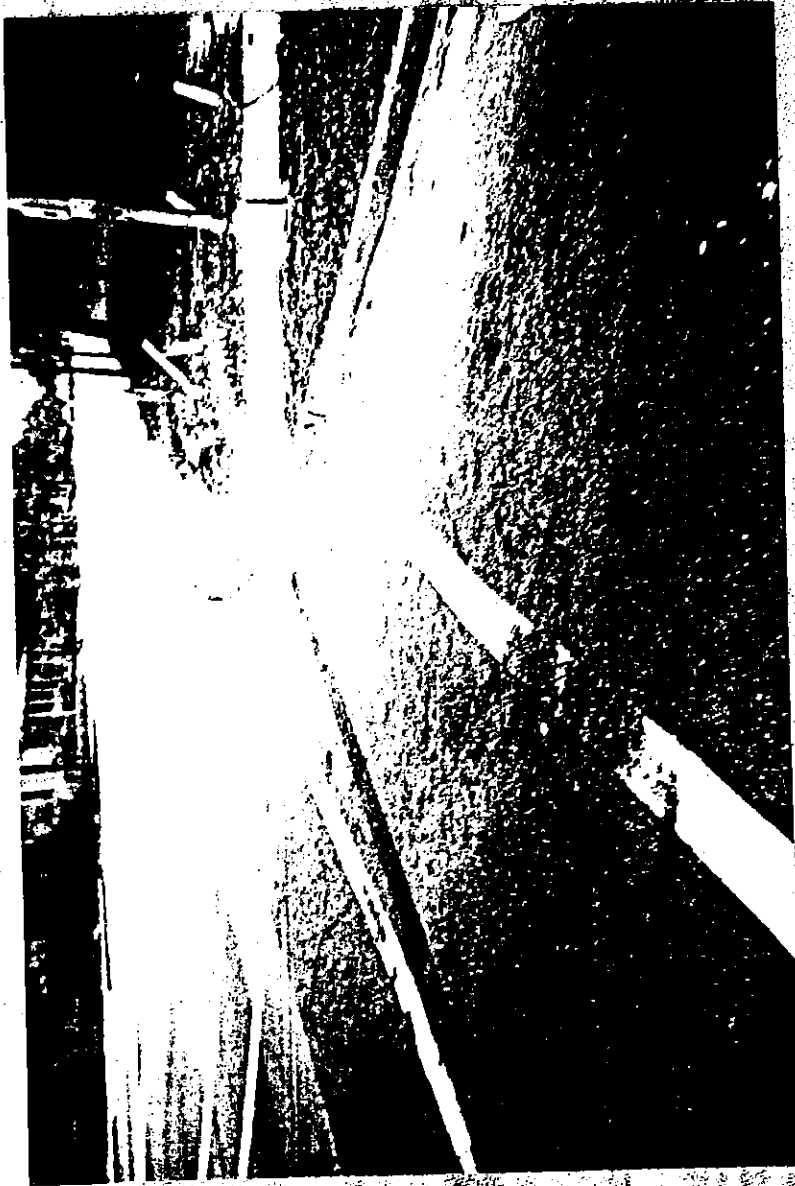
Accident Number 02053239		Agency NCIC No. GA1480100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County Ware		Date Rec. By DPS	
Date 05/28/2002	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time 18:54	Off Arrived 18:54	Total Number Of: Vehicles 2 Injuries 2 Fatalities 1		Inside City Of Waycross			
Road of Occurrence GA. 520				At Its Intersection With MCDONALD STREET				Corrected Report Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St				Suppl. To Original Yes <input type="checkbox"/>			
Not At Its Intersection But <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line							
And Continuing in the Direction Checked Above The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line											
Driver # 1 Last Name First Middle MCKINNEY, CHAD EVERETT Address 111 WILKINSON RD.(LOT 8) City State Zip DOB PALATKA FL 32218 01/03/1972 Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female M250105720030 A FL Posted Speed 35 Insurance Co. Policy No. CAROL INSURANCE AGENCY KKO4100678 Year Make Model Telephone No. 1998 PETERBUILT 330 (388)312-0380 VIN 1NPND9X7XS485202 Vehicle Color RED - RED Tag # State County Year 9MX 765 KY APPORTIONED 2003 Trailer Tag # State County Year <input type="checkbox"/> Same as Driver Owner's Last Name First Middle R.J. CORMON, MATERIAL SALE Address P.O. BOX 788 City State Zip NICHOLASVILLE KY 40356 Removed By <input type="checkbox"/> Request <input checked="" type="checkbox"/> List BLALOCK'S Alcohol Test 1 Type 1 Results PENDING Drug Test 1 Type 1 Results PENDING Driver Condition 2 Direction of Travel 4 Vision Obscured 1 Contributing Factors 6 Vehicle Condition 1 Vehicle Maneuver 5 Pedestrian Maneuver Most Harmful Event 11 Vehicle Class 7 Vehicle Type 8 Traffic Control 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Driver # 2 Last Name First Middle BOWLING, BETTY JEAN Address 808 JOHANNA STR City State Zip DOB WAYCROSS GA 31501 02/08/1949 Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female 029852269 C GA Posted Speed 35 Insurance Co. Policy No. STATE FARM 595970-D17-11A Year Make Model Telephone No. 1997 PLYMOUTH BREEZE (912)285-5538 VIN 1P3EJ46C5VN728225 Vehicle Color BURGANDY Tag # State County Year 437 EST GA WARE 2002 Trailer Tag # State County Year <input type="checkbox"/> Same as Driver Owner's Last Name First Middle BOATRIGHT, EDWARD DEEN Address 508 WILLIAMS STR City State Zip WAYCROSS GA 31501 Removed By <input type="checkbox"/> Request <input checked="" type="checkbox"/> List MIKE'S BODY SHOP Alcohol Test 1 Type 1 Results PENDING Drug Test 1 Type 1 Results PENDING Driver Condition 2 Direction of Travel 1 Vision Obscured 1 Contributing Factors 8 Vehicle Condition 1 Vehicle Maneuver 5 Pedestrian Maneuver Most Harmful Event 11 Vehicle Class 1 Vehicle Type 1 Traffic Control 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To SATILLA REGIONAL MEDICAL CENTER By: WARE COUNTY E.M.S.											
EMS Noted Time 18:54				EMS Arrival Time 19:00				Hospital Arrival Time 19:18			
Report By: Sergeant John D Hampton				Department WAYCROSS POLICE DEPARTMENT				Report Date 05/28/2002		Checked By: Sergeant John D Hampton	
Witness(es) Name DARRELL SMITH 205 N CRAWFORD STR. WAYCROSS, GA 31501				Address 205 N CRAWFORD STR. WAYCROSS, GA 31501				State GA		Telephone No. (912)283-0557	
SUSAN DOWDY RT1 BOX 4105 WAYNEVILLE, GA 31566				Address RT1 BOX 4105 WAYNEVILLE, GA 31566				State GA		Telephone No. (912)778-3794	
DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name R.J. CORMON MATERIAL SALE Vehicle # 5202 Address P.O. BOX 788 City State Zip NICHOLASVILLE, KY 40356 Number of Axles 3 G.V.W.R. 52350 Fed. Reportable 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type 6 Vehicle Config. 3 I.C.C.M.C. # 678839 U.S. DOT # 255933 Interstate Intrastate <input type="checkbox"/> <input type="checkbox"/> C.D.L.? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Vehicle Placarded? Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond: Run Off Road Down Hill Cargo Loss Separation Runaway Or Shift Of Units						Carrier Name Vehicle # Address City State Zip Number of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Cargo Body Type Vehicle Config. I.C.C.M.C. # U.S. DOT # Interstate Intrastate <input type="checkbox"/> <input type="checkbox"/> C.D.L.? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Vehicle Placarded? Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond: Run Off Road Down Hill Cargo Loss Separation Runaway Or Shift Of Units					

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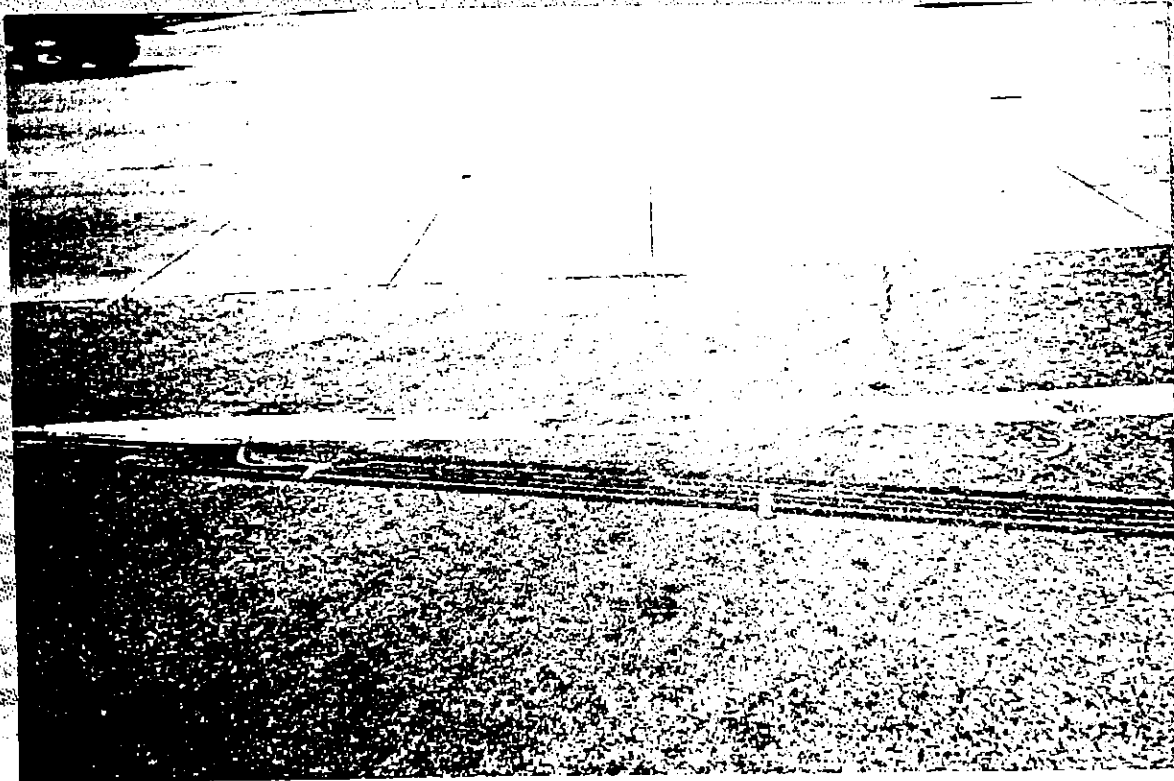
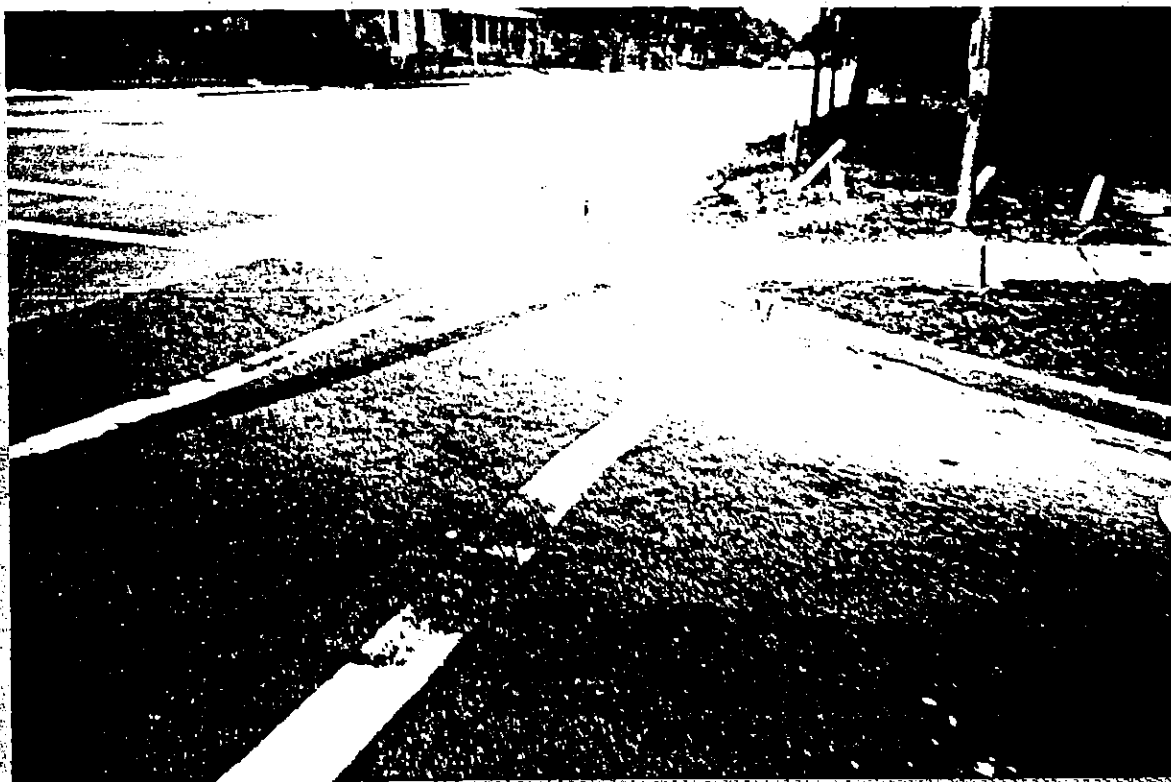


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Accident Number 02053239		Agency NCIC No. GA1480100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				Date Rec. By DPS ---	
Date 05/28/2002	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 18:54	Off. Arrived 18:54	Total Number Of: Vehicles 2 Injuries 2 Fatalities 1		Inside City Of Waycross		
Road of Occurrence GA. 520				At Its Intersection With MCDONALD STREET				Corrected Report Yes <input type="checkbox"/>	
<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. Not At Its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line Of,				Suppl. To Original Yes <input type="checkbox"/>	
And Continuing in the Direction Checked Above The Next Reference Point Is <input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line									
Driver # 1 Last Name MCKINNEY, CHAD EVERETT First Middle					Driver # 2 Last Name BOWLING, BETTY JEAN First Middle				
Address 111 WILKINSON RD.(LOT 8)					Address 808 JOHANNA STR				
City PALATKA State FL Zip 32218 DOB 01/03/1972					City WAYCROSS State GA Zip 31501 DOB 02/08/1949				
Driver's License No. M250105720030 Class A State FL <input type="checkbox"/> Male <input type="checkbox"/> Female					Driver's License No. 029852269 Class C State GA <input type="checkbox"/> Male <input type="checkbox"/> Female				
Posted Speed 35 Insurance Co. CAROL INSURANCE AGENCY Policy No. KK04100678					Posted Speed 35 Insurance Co. STATE FARM Policy No. 595870-D17-11A				
Year 1998 Make PETERBUILT Model 330 Telephone No. (386)312-0380					Year 1997 Make PLYMOUTH Model BREEZE Telephone No. (912)285-5538				
VIN 1NPND9X7XS48S202 Vehicle Color RED - RED					VIN 1P3EJ46C5VN728225 Vehicle Color BURGANDY				
Tag # 9MX 785 State KY County APPORTIONED Year 2003					Tag # 437 EST State GA County WARE Year 2002				
Trailer Tag # State County Year					Trailer Tag # State County Year				
<input type="checkbox"/> Same Owner's Last Name First Middle as Driver R.J. CORMON, MATERIAL SALE					<input type="checkbox"/> Same Owner's Last Name First Middle as Driver BOATRIGHT, EDWARD DEEN				
Address P.O. BOX 788					Address 508 WILLIAMS STR				
City NICHOLASVILLE State KY Zip 40356					City WAYCROSS State GA Zip 31501				
Removed By BLALOCK'S <input type="checkbox"/> Request <input checked="" type="checkbox"/> List					Removed By MIKE'S BODY SHOP <input type="checkbox"/> Request <input checked="" type="checkbox"/> List				
Alcohol Test 1 Type 1 Results PENDING Drug Test 1 Type 1 Results PENDING					Alcohol Test 1 Type 1 Results PENDING Drug Test 1 Type 1 Results PENDING				
Driver Condition 2 Direction of Travel 4 Vision Obscured 1 Contributing Factors 6					Driver Condition 2 Direction of Travel 1 Vision Obscured 1 Contributing Factors 6				
Vehicle Condition 1 Vehicle Maneuver 5 Pedestrian Maneuver					Vehicle Condition 1 Vehicle Maneuver 5 Pedestrian Maneuver				
Most Harmful Event 11 Vehicle Class 7 Vehicle Type 8					Most Harmful Event 11 Vehicle Class 1 Vehicle Type 1				
Traffic Control 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Traffic Control 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Injured Taken To SATILLA REGIONAL MEDICAL CENTER					By: WARE COUNTY E.M.S.				
EMS Notified Time 18:54 EMS Arrival Time 19:00 Hospital Arrival Time 19:18					Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: Sergeant Robert H Boyett				
Report By: Sergeant John D Hampton Department WAYCROSS POLICE DEPARTMENT					Report Date 05/28/2002 Checked By: Sergeant John D Hampton Date Checked 05/28/2002				
Witness(es): Name DARRELL SMITH Address 205 N CRAWFORD STR City WAYCROSS, GA State GA Zip Code 31501 Telephone No. (912)283-0557					SUSAN DOWDY RT1 BOX 4105 WAYNEVILLE, GA 31566 (912)778-3794 DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)				

COMMERCIAL VEHICLES ONLY

Carrier Name R.J. CORMON MATERIAL SALE				Carrier Name			
Vehicle # 5202				Vehicle #			
Address P.O. BOX 788				Address			
City NICHOLASVILLE State KY Zip 40356				City State Zip			
Number of Axes 3		G.V.W.R. 52350		Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type 6	
Vehicle Config. 3		I.C.C.M.C. # 078839		U.S. D.O.T. # 255933		Interstate <input checked="" type="checkbox"/> Intra-state <input type="checkbox"/>	
C.D.L. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box 1 Digit Number from Bottom of Diamond:				If YES, Name or 4 Digit Number from Diamond or Box 1 Digit Number from Bottom of Diamond:			
Ran Off Road		Down Hill Runaway		Cargo Loss Or Shift		Separation Of Units	

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AYCROSS POLICE DEPARTMENT

A1480100 ;

Supplemental Report

Print Date: 05/31/2002

Page 1 of 1

Time: 11:56 AM

Accident No.

02053239

IN REFERENCE TO CASE #02053239 THESE ARE THE MEASUREMENTS: OFFICER C. WILSON ASSISTED IN THE MEASUREMENTS:

TOTAL TRUCK LENGTH WAS 37 FEET 8 INCHES LONG
BETWEEN FRONT AND MIDDLE AXLE WAS 18 FEET 10 INCHES LONG

THE ZERO POINT IS THE APEX OF THE NORTH EAST CURB
POINT A WAS THE FRONT PASSENGER SIDE TIRE OF VEHICLE #1
POINT B WAS THE MIDDLE PASSENGER SIDE TIRE OF VEHICLE #1
POINT C WAS THE REAR PASSENGER SIDE TIRE OF VEHICLE #1
POINT D WAS THE FRONT DRIVER SIDE TIRE OF VEHICLE #2
POINT E WAS THE REAR DRIVER SIDE TIRE OF VEHICLE #2
A.O.I. IS THE AREA OF IMPACT (LARGE GOUGE MARK)

A IS 64'8" WEST AND 9'2" NORTH
B IS 41'11" WEST AND 4'9" NORTH
C IS 37'5" WEST AND 4'0" NORTH
D IS 71'3" WEST AND 10'10" NORTH
E IS 67'0" WEST AND 18'6" NORTH
A.O.I. IS 12'9" WEST AND 9'10" SOUTH

AS OF 5-28-02 AT 2400 HRS TWO WITNESSES INTERVIEWED, B/M ELMORE ROBERTSON AND W/M DARRYL SMITH, GAVE CONFLICTING STORIES. ROBERTSON SAID THAT MCKINNEY HAD A RED LIGHT. SMITH SAID THAT BOWLING HAD A RED LIGHT. BOTH DRIVERS CLAIMED THE RED LIGHT. IT IS STILL BEING INVESTIGATED.

000009

Supplemental Officer
Sergeant John D Hampton

Badge

Signature

WAYCROSS POLICE DEPARTMENT

A1480100

Supplemental Report

Date: 05/31/2002

Page 1 of 1

Time: 11:55 AM

Accident No.

02053239

ON 05-28-02 I WENT TO THE SATILLA REGIONAL HOSPITAL IN REFERENCE TO THE ACCIDENT THAT OCCURRED ON GA 520 AND McDONALD ST. I HAD NURSE LAURA TAYLOR DRAW BLOOD FROM BETTY JEAN BOWLING, DRIVER #2, AND CHAD MCKINNEY, DRIVER #1, FOR BLOOD ALCOHOL/ DRUGS TESTS. I THEN TOOK THE TEST KITS TO THE POST OFFICE TO BE MAILED.

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Supplemental Officer
Police Officer Christopher M Poole

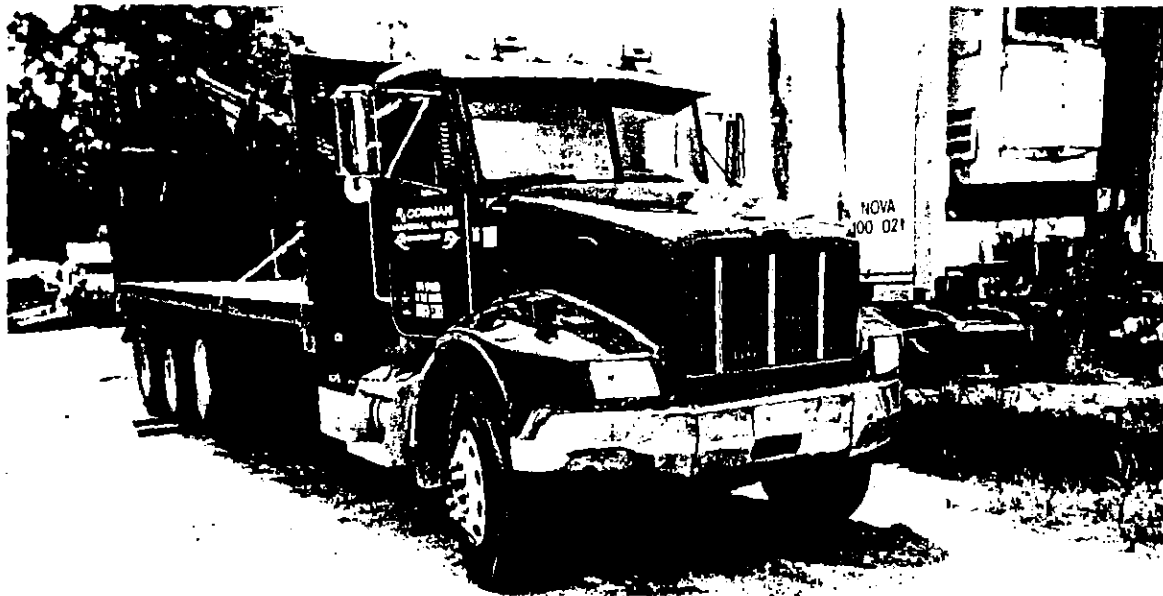
Badge

Signature

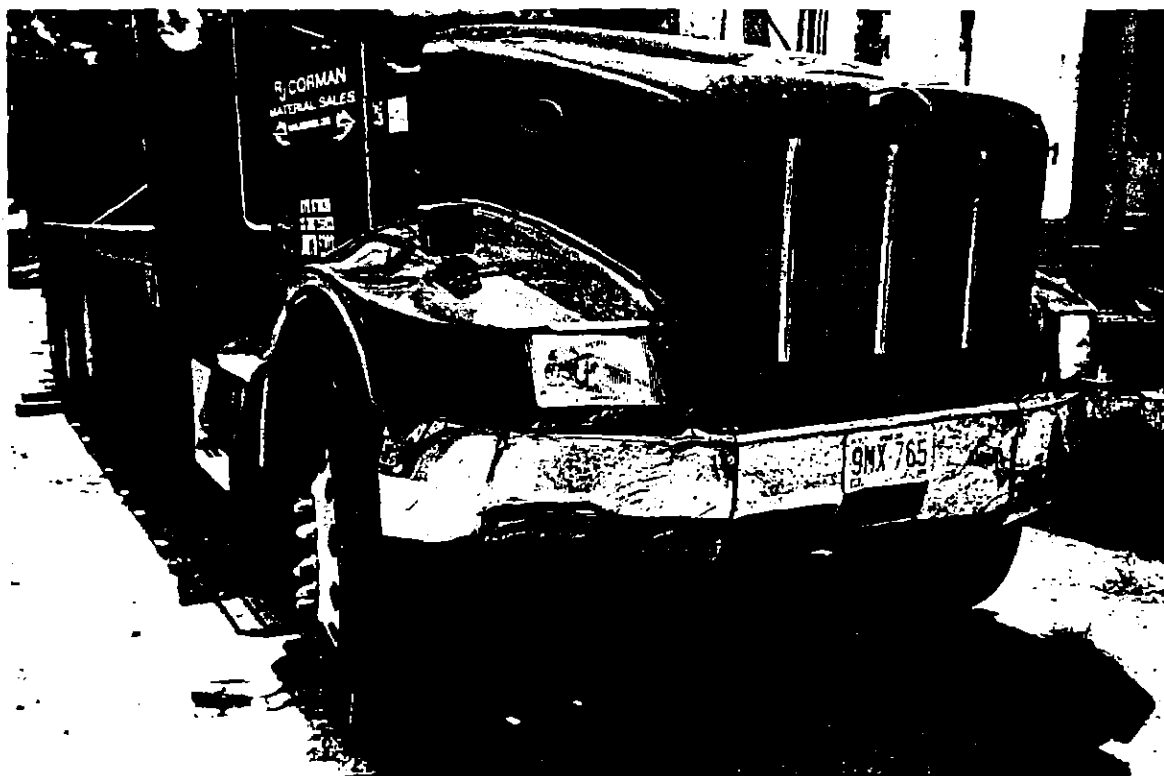
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Accident Number 02053239		Agency NCIC # GA1480100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				Date Rec. By DPS	
Date 05/28/2002	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Time 18:54	Off. Arrived 18:54	Total Number Of Vehicles 2 Injuries 2 Fatalities 1		Inside City Of Waycross		
Road of Occurrence GA 520				At Its Intersection With MCDONALD STREET				Corrected Report Yes <input type="checkbox"/> Suppl. To Original Yes <input type="checkbox"/>	
Not At Its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> Feet				Of <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. R. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line					
And Continuing in the Direction Checked Above The Next Reference Point Is				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. R. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line					
Driver # 1	Last Name MCIONNEY, CHAD EVERETT			Driver # 2	Last Name BOWLING, BETTY JEAN				
Ped <input type="checkbox"/>	Address 111 WILKINSON RD. (LOT 8)			Ped <input type="checkbox"/>	Address 808 JOHANNA STR				
City PALATKA	State FL	Zip 32218	DOB 01/03/1972	City WAYCROSS	State GA	Zip 31501	DOB 02/08/1940		
Driver's License No. M250105720030		Class A	State FL	Driver's License No. 029852269		Class C	State GA		
Insurance Co. CAROL INSURANCE AGENCY		Policy No. KK04100678		Insurance Co. STATE FARM		Policy No. 995970-D17-11A			
Year 1998	Make PETERBILT	Model 330	Telephone No. (386)312-0380	Year 1997	Make PLYMOUTH	Model BREEZE	Telephone No. (912)285-5538		
VIN 1NPNL09X7XS485202		Vehicle Color RED - RED		VIN 1P3EJ46C5VW726225		Vehicle Color BURGANDY			
Tag # 9MX788	State KY	County APPORTIONED	Year 2003	Tag # 437 EST	State GA	County WARE	Year 2002		
Trailer Tag #		State	County	Trailer Tag #		State	County		
<input type="checkbox"/> Same as Driver		Owner's Last Name R.J. CORMON, MATERIAL SALE		<input type="checkbox"/> Same as Driver		Owner's Last Name BOATRIGHT, EDWARD DEEN			
Address P.O. BOX 788				Address 508 WILLIAMS STR					
City NICHOLASVILLE	State KY	Zip 40356		City WAYCROSS	State GA	Zip 31501			
Removed By BLALOCK'S		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List		Removed By MIKE'S BODY SHOP		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List			
Alcohol Test 1	Type 1	Results NEGATIVE	Drug Test 1	Type 1	Results NEGATIVE	Alcohol Test 1	Type 1	Results POSITIVE	Drug Test 1
Driver Condition 2	Direction of Travel 4	Vision Obscured 1	Contributing Factors 6		Driver Condition 2		Direction of Travel 1	Vision Obscured 1	Contributing Factors 6
Vehicle Condition 1	Vehicle Maneuver 5	Pedestrian Maneuver			Vehicle Condition 1	Vehicle Maneuver 5	Pedestrian Maneuver		
Most Harmful Event 11		Vehicle Class 7	Vehicle Type 8		Most Harmful Event 11		Vehicle Class 1	Vehicle Type 1	
Traffic Control 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To SATILLA REGIONAL MEDICAL CENTER				By WARE COUNTY E.M.S.					
EMS Notified Time 18:54		EMS Arrival Time 19:00		Hospital Arrival Time 19:18		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By Sergeant Robert H Boyett	
Report By Sergeant John D Hampton		Department WAYCROSS POLICE DEPARTMENT		Report Date 05/28/2002		Checked By Sergeant John D Hampton		Date Checked 05/28/2002	
Witness(es) Name DARRELL SMITH		Address 205 N CRAWFORD STR.		City WAYCROSS, GA		State GA		Zip Code 31501	
Telephone No. (912)283-0557									
SUSAN DOWDY		RT1 BOX 4105		WAYNEVILLE, GA		31568		(912)778-3794	
DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)									
COMMERCIAL VEHICLES ONLY									
Carrier Name R.J. CORMON MATERIAL SALE					Carrier Name Vehicle #				
Vehicle # 5202					Address P.O. BOX 788				
City NICHOLASVILLE, KY					State KY				
Zip 40356									
Number of Axes 3		G.V.W.R. 52350		Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type 6			
Vehicle Config. 3		LC.C.M.C. # 078038		U.S. D.O.T. # 255923		Interstate Inmate <input checked="" type="checkbox"/>			
C.D.L.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box 1 Digit Number from Bottom of Diamond:									
Run Off Road		Down Hill Runaway		Cargo Loss Or Shift		Separation Of Units			

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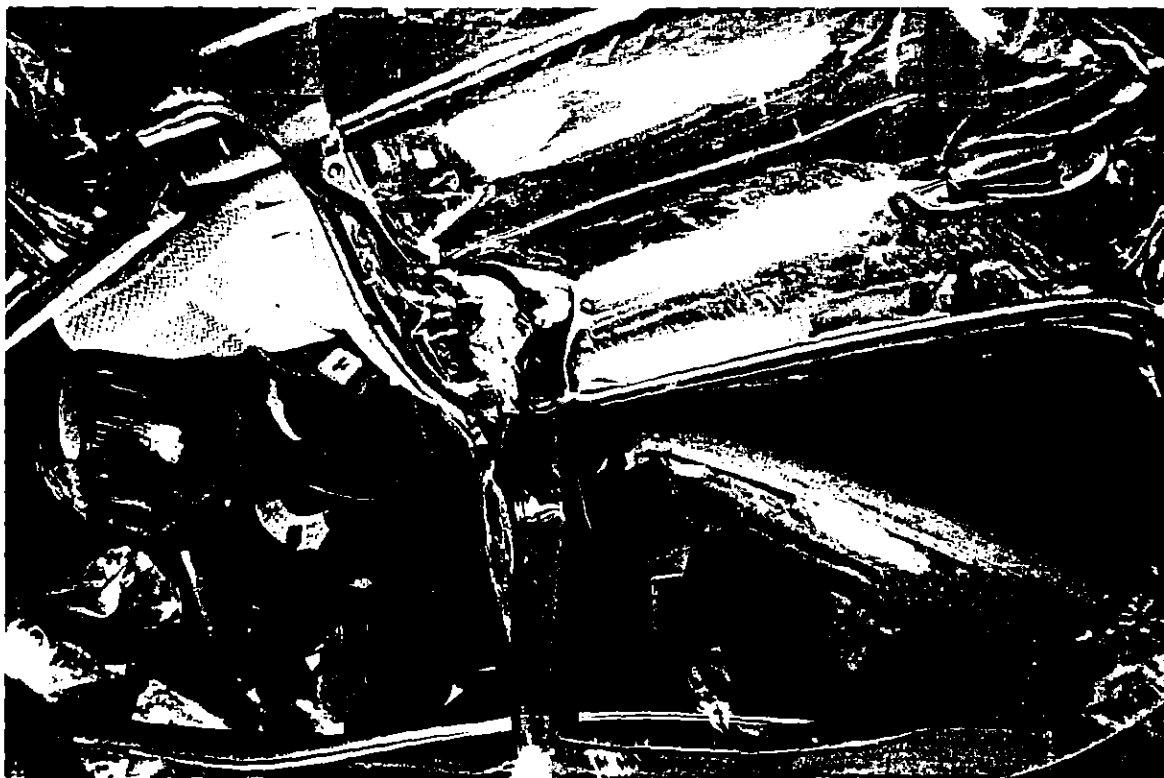
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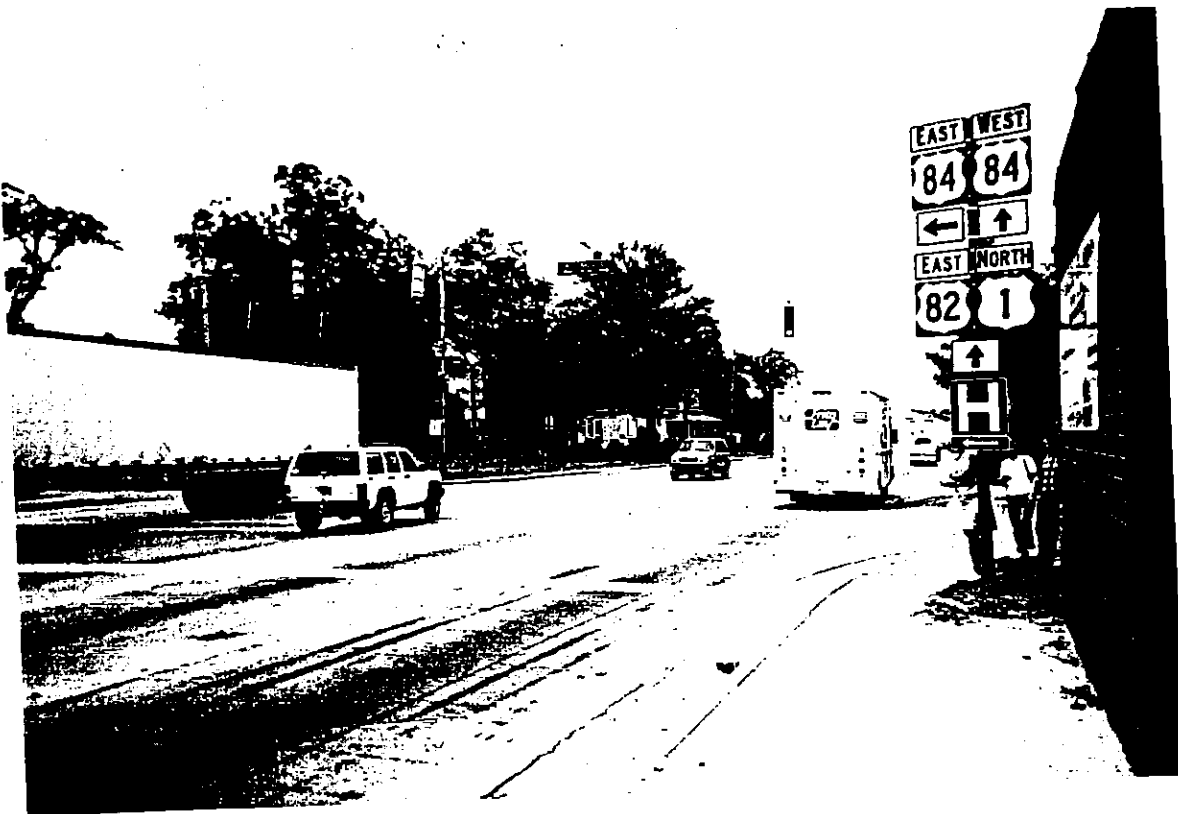


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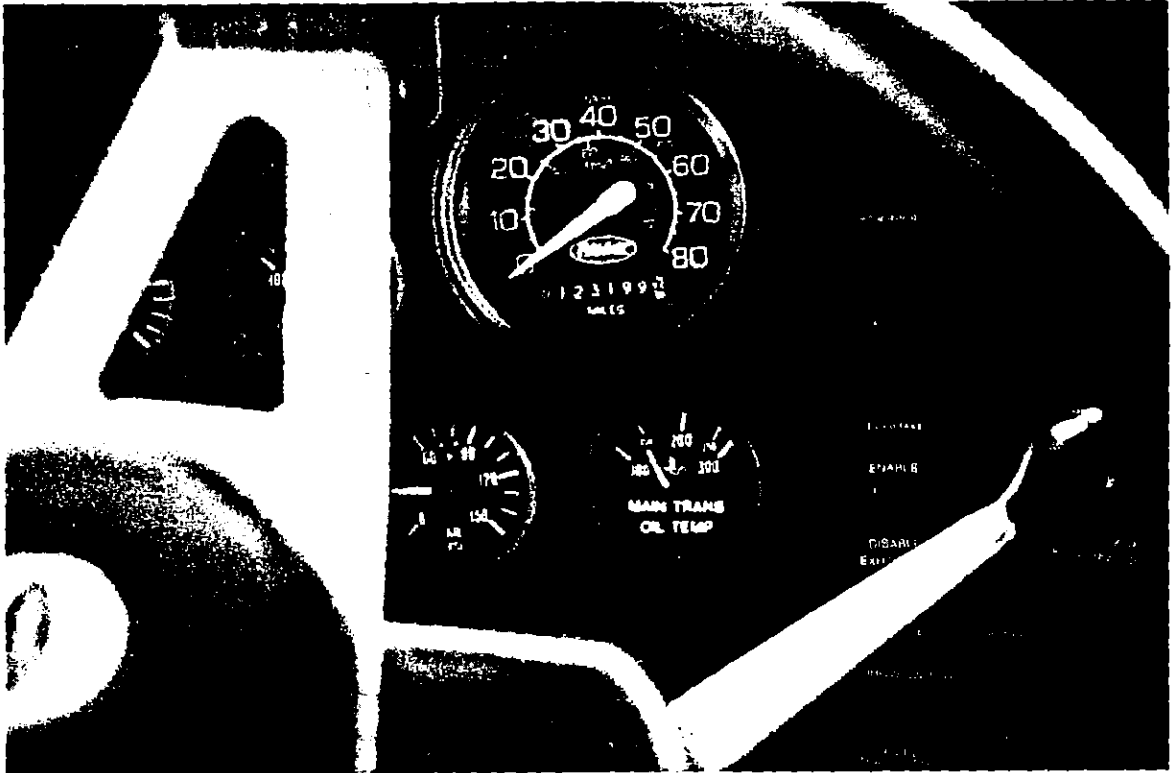
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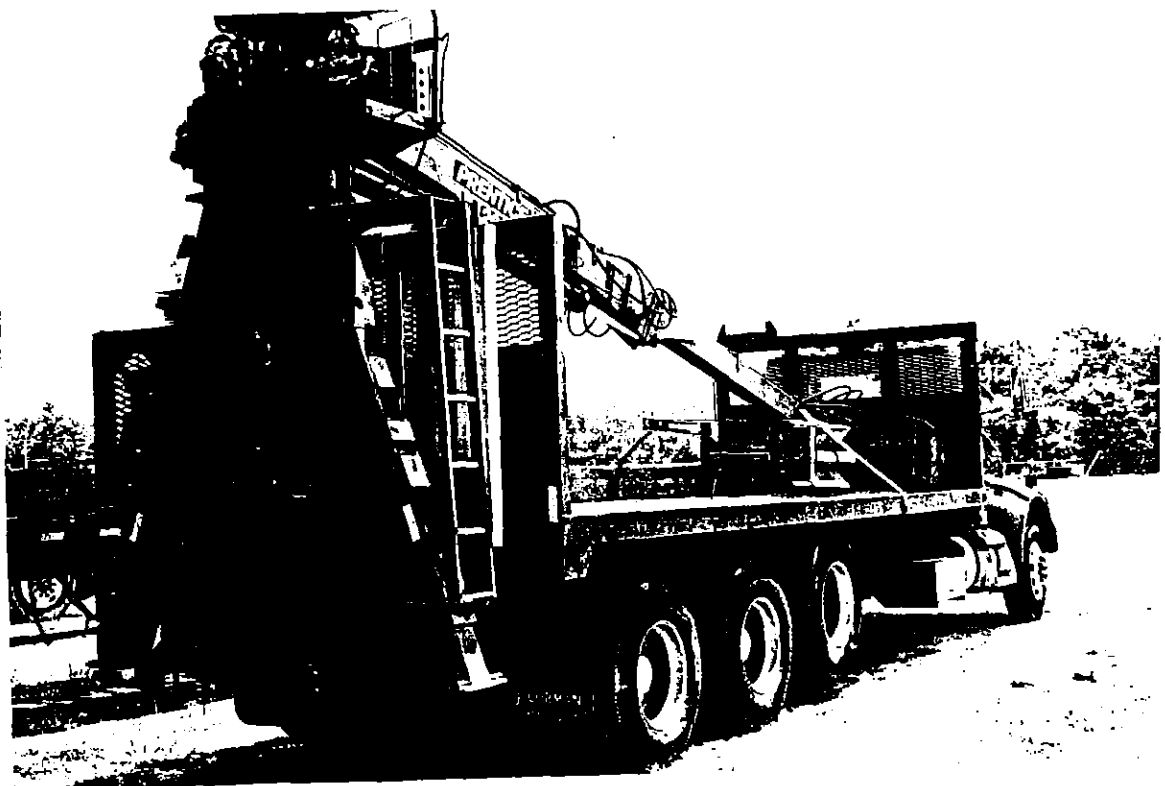
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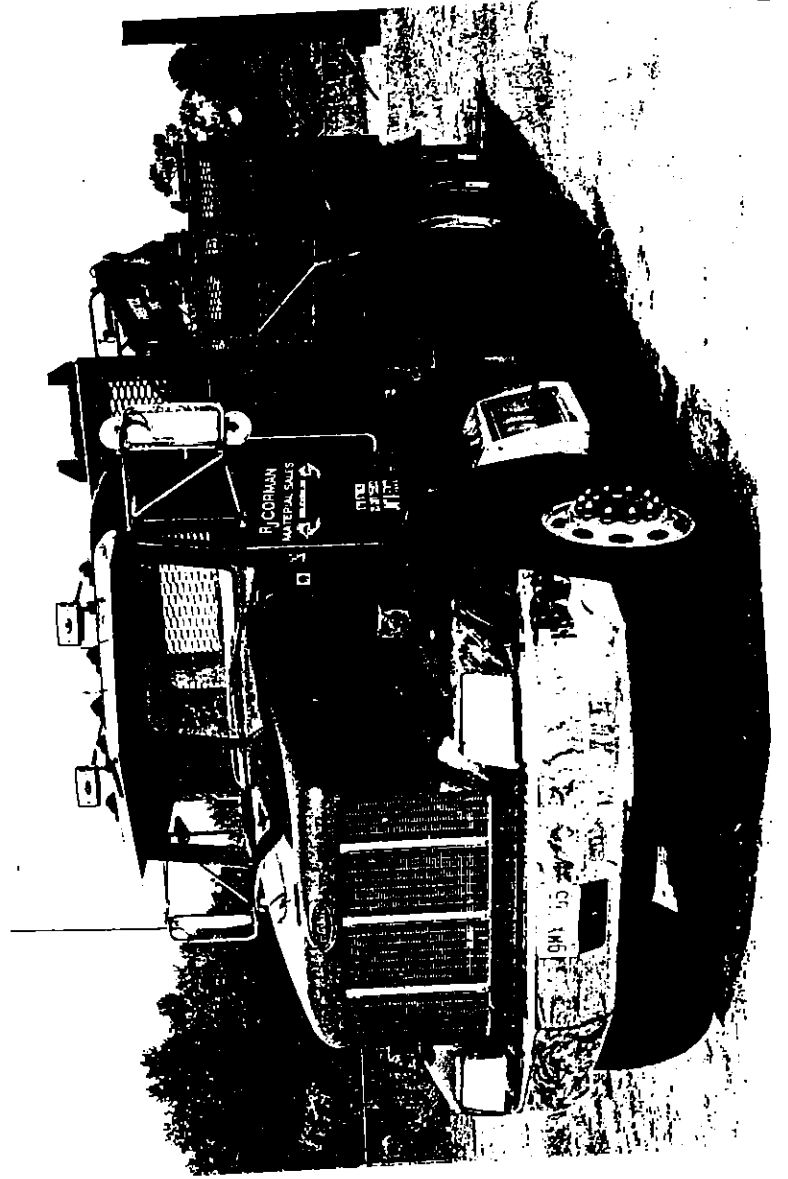
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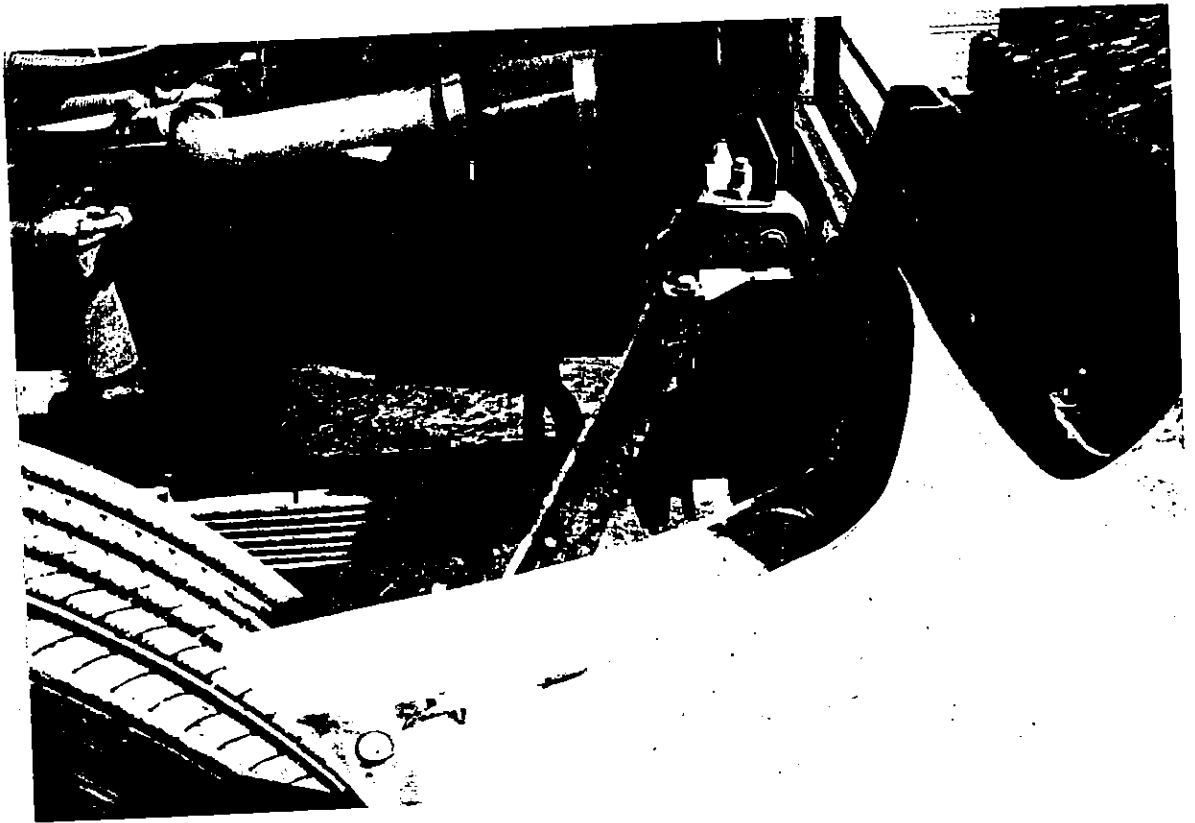
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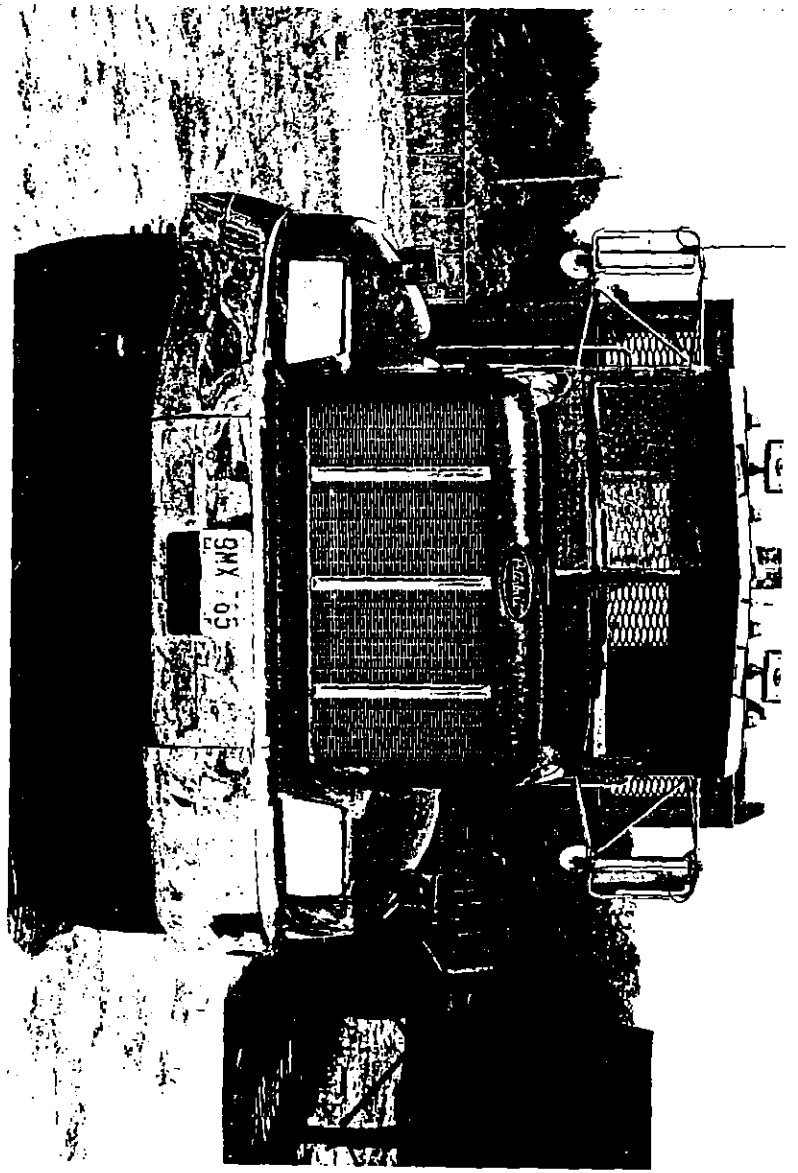
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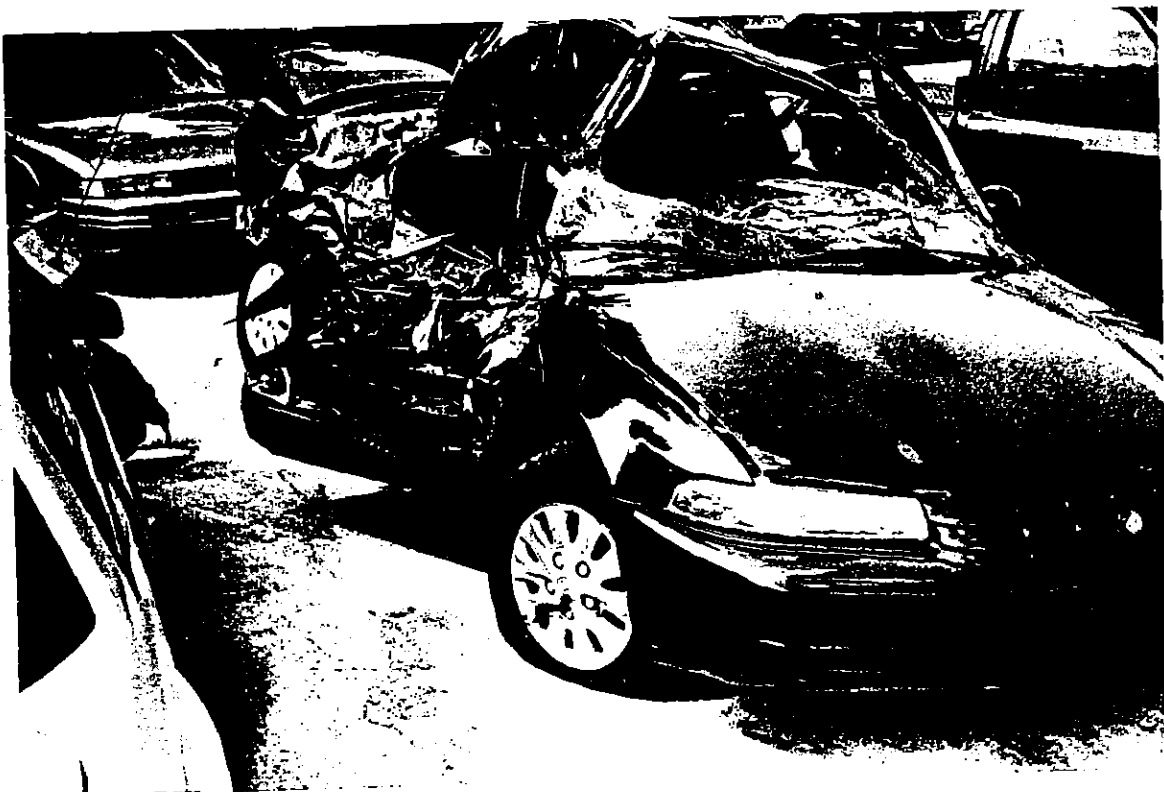
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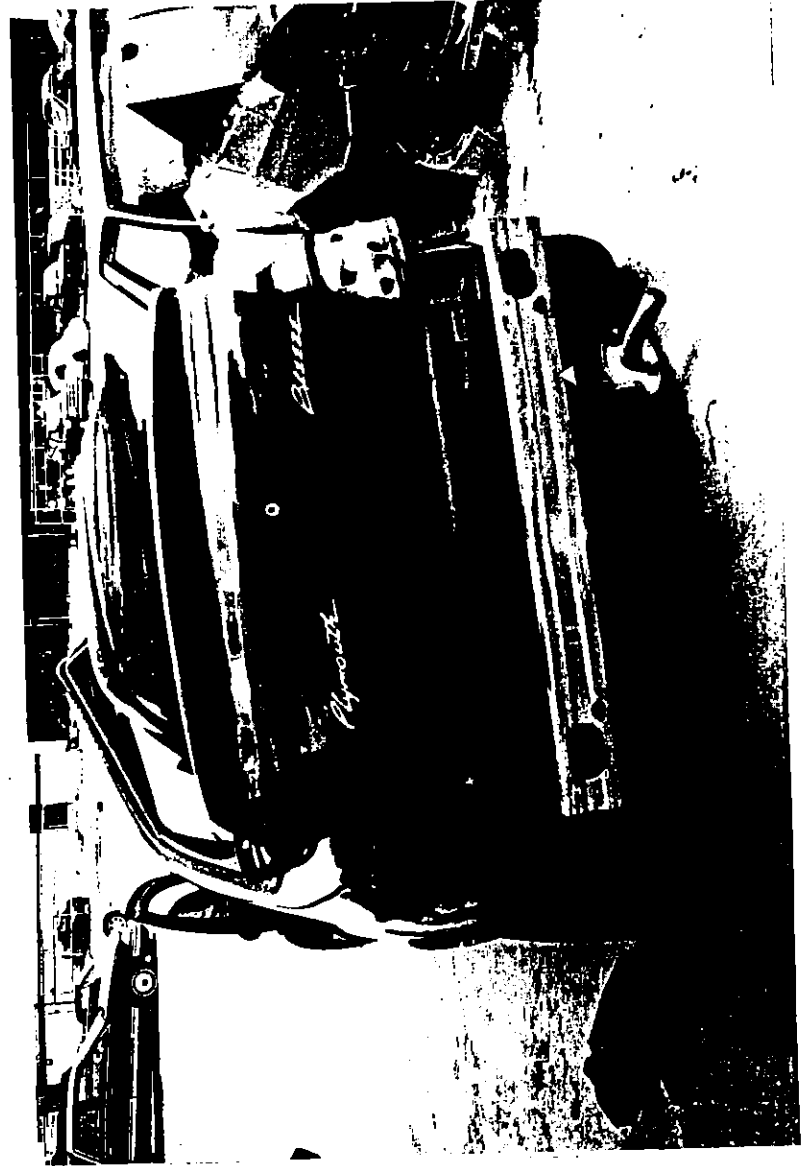


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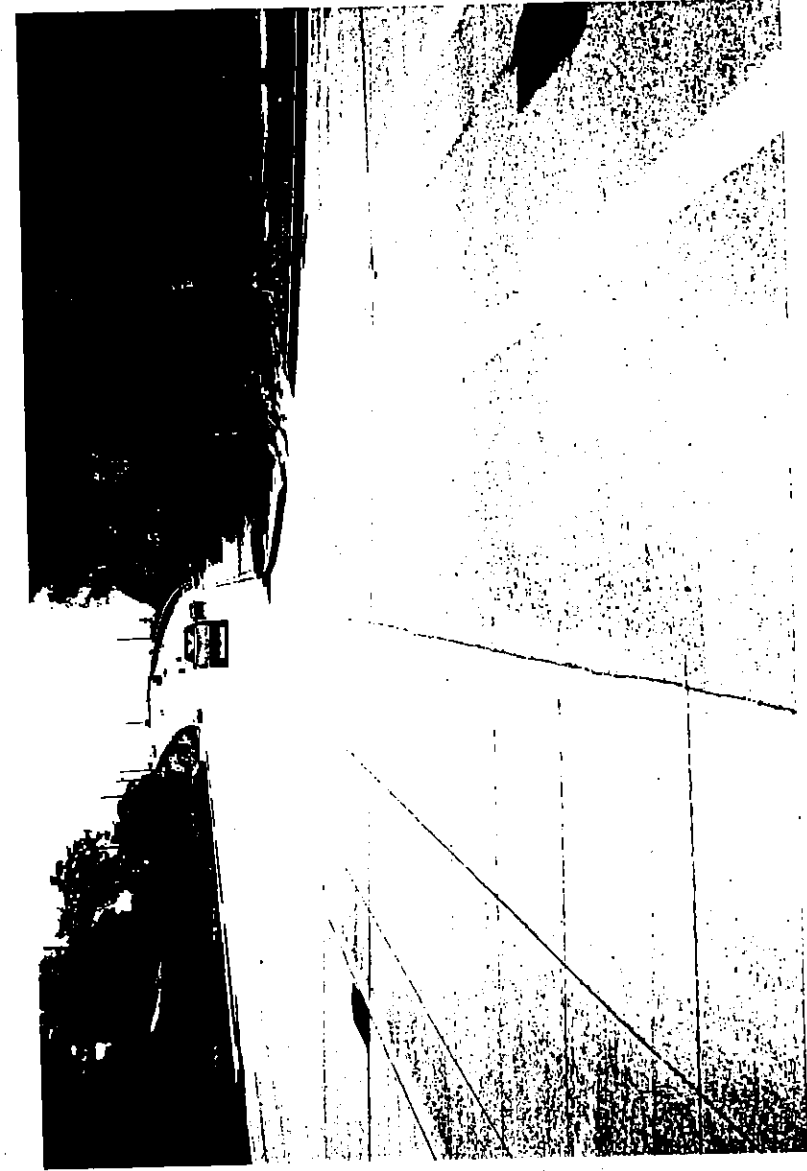


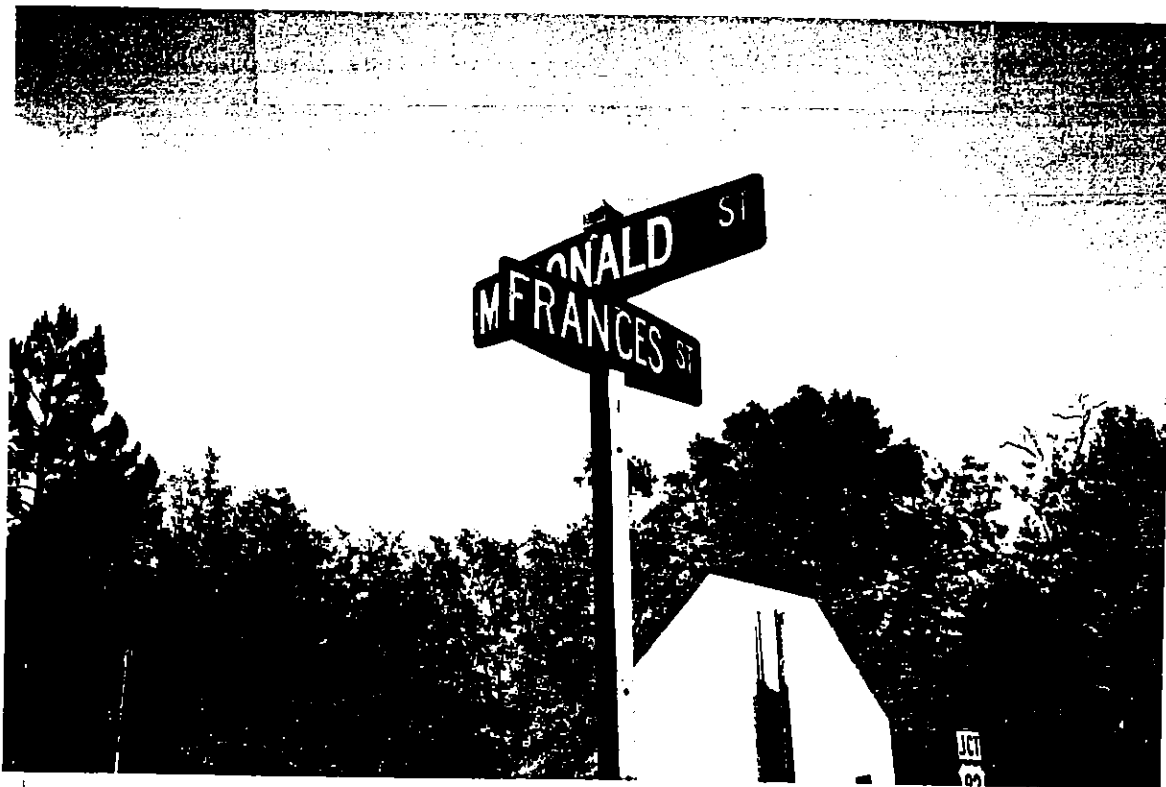
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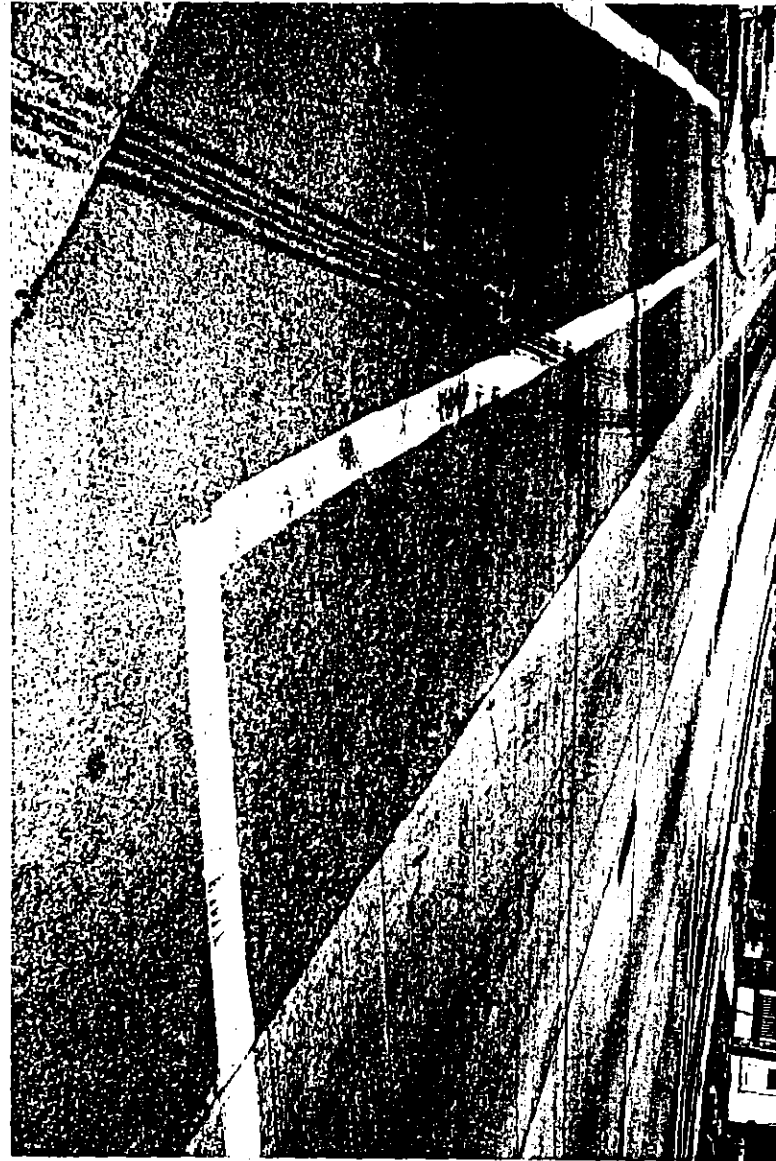


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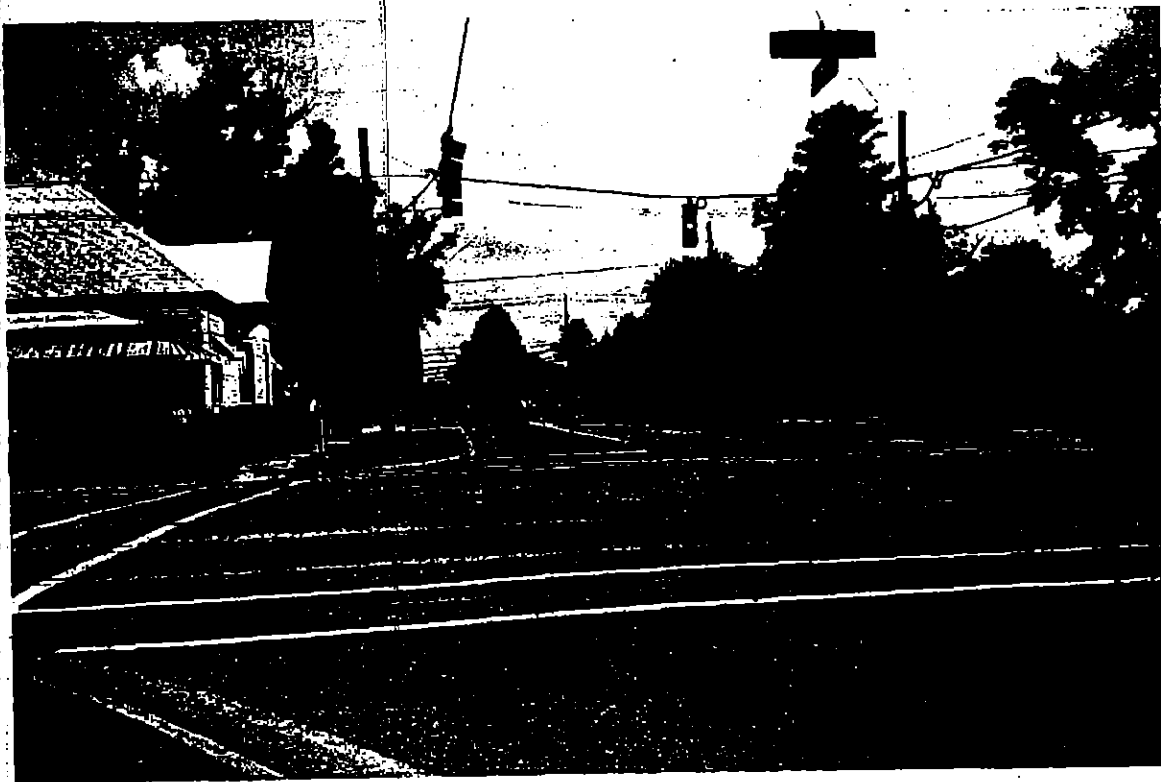




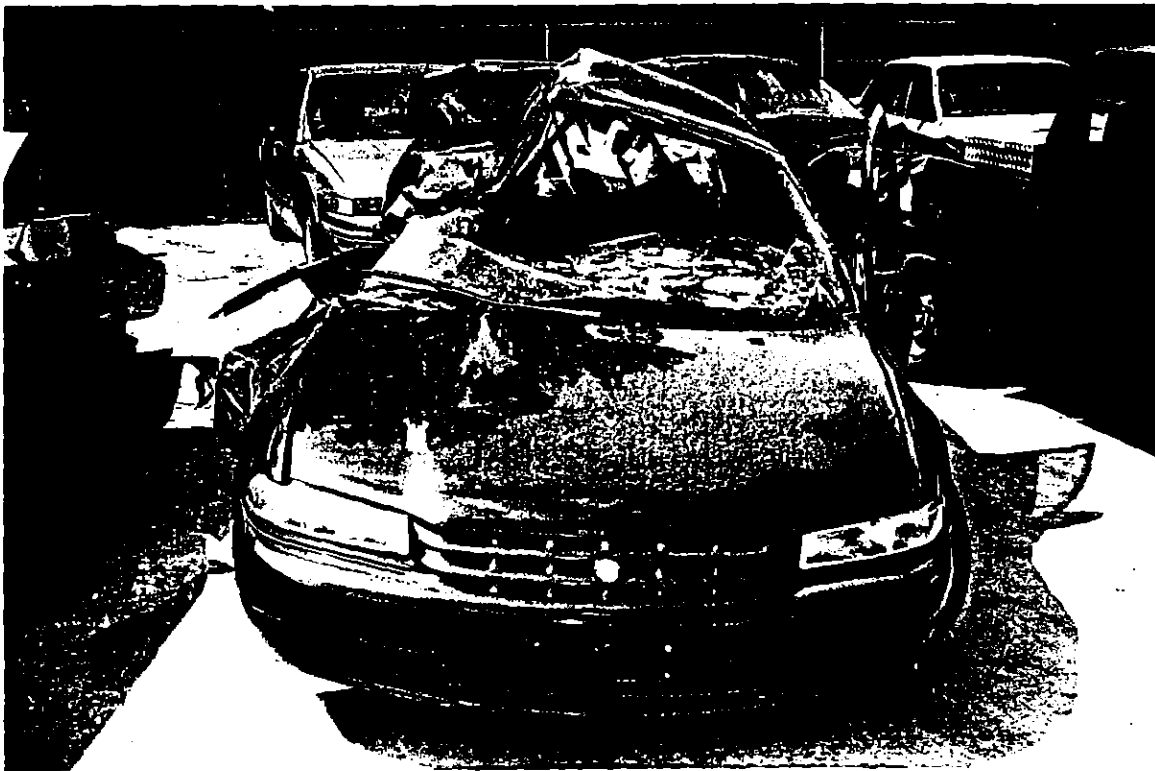
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ATTACHEMENT "E"

Defendants will supplement the required documents upon receipt.